

American Society of Regional Anesthesia and Pain Medicine Statement Read Before the  
Anesthetic and Life Support Drugs Advisory Committee Meeting  
13 & 14 September 2001

I am Lynn Broadman, President of the American Society of Regional Anesthesia and Pain Medicine (ASRA-PM). I would like to take a few minutes of the committee's time to express the views of the 9,000 members of ASRA-PM. All members of ASRA-PM are anesthesiologists. About 50% of the membership are involved in the full or part-time practice of pain medicine. We acknowledge that diversion is a serious problem and that the diversion of OxyContin® has resulted in several unfortunate deaths. However, we object to the proposed mandated restriction on production of this narcotic analgesic or the rumor in the lay press that the Food and Drug Administration (FDA) is considering a total ban on this opioid analgesic. We believe the limitation of production or withdrawal of one drug from the marketplace will only lead to the substitution of alternate long acting opioids by drug abusers. Furthermore, such restrictions will only harm cancer patients or patients with chronic benign pain. It has taken years to reach a point where opioid analgesic medications are finally being prescribed in appropriate dosages to control pain and suffering, and such prescribing is now being done without fear of reprisals. We do not want to see the medical community revert to old, suboptimal prescribing patterns for the management of pain.

We believe a better plan of action to stem drug diversion and improper usage is to institute a simple two step voluntary physician led program of drug utilization monitoring. The first step of the program would be to only dispense opioid analgesics which are used on a chronic basis, more than thirty days duration, under an opiate management agreement. The patient opiate management agreement would inform the user that diversion or the selling of their opioid analgesic medications is a serious offense. It would also inform patients that there is a risk of addiction, tolerance and dependence with the chronic use of all narcotic analgesics. Finally, it would allow the physician dispensing the narcotics to perform random urine testing. The second step of the program would be to perform random urine testing to ensure compliance. If the patient's urine is free of the prescribed medication then there is no reason to continue to prescribe the narcotic analgesic in question. The lack of the prescribed drug in a patient's urine either suggests that they are diverting the drug or have no need for the narcotic analgesic to control their pain.

A small random sample of the membership would suggest that there is not 100% agreement that a voluntary physician instituted program of urine drug testing is the answer to control opiate medication diversion. About two-thirds of the membership sampled were in favor of such a program. About one-third of the membership were opposed to such a program on the grounds that it is costly and will invade the privacy of patients. They point out that all a patient needs to do is save one pill from their vial and take it the night prior to their clinic visit. Their urine will test positive for the prescribed opiate and they are free to sell the remainder of the vial. More importantly, all members polled were opposed to federally mandated urine drug testing.

We, the society membership, are also uniformly opposed to the potential practice of medicine by Drug Enforcement Administration (DEA) field agents. Only physicians can and should determine if the prescribing of opioid analgesics are appropriate in any given case. Only a physician can determine if a medication, dose, or frequency of administration is appropriate.

Thank you for your time and attention. The American Society of Regional Anesthesia and Pain Medicine stands ready to help the FDA, DEA, state regulatory agencies and legislators involved in reducing narcotic analgesic medication abuse and diversion through increased education and the introduction of innovative programs.

Please feel free to call upon us for assistance or advise.

Sincerely,

Lynn. M Broadman, M.D.  
President, American Society  
of Regional Anesthesia and  
Pain Medicine